

connective tissue of the submucosa beneath the lesion,<sup>3</sup>) perform EMR to dissect the lesion when its diameter smaller than the endoloops. Clinical data of both groups, such as LST size, LST location, endoscopy procedures, procedure time, en bloc resection rate, and post-SESD complications, were retrospectively analyzed.

**Results** 102 patients were involved in the study, SESD group involved 54 patients and ESD group involved 48 patients. The procedure time of SESD group was shorter than that of ESD group ( $P=0.32$ ). There was no significant difference in the en bloc resection rate (SESD 100% vs.ESD 98%,  $P>0.05$ ). Complication rates such as intraoperative perforation rate and postoperative bleeding rate also showed no statistic difference between two groups, so did recurrence rate. ( $P>0.05$ ).

**Conclusions** Simplified Endoscopic Submucosal Dissection was an effective and safe therapy for colorectal LSTs.

IDDF2020-ABS-0097

#### STUDY ON THE INFLUENCING FACTORS OF ERCP TREATMENT OF BENIGN BILIARY STRICTURE RECURRENCE

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10.1136/gutjnl-2020-IDDF.77

**Background** To investigate the influencing factors of benign biliary stricture recurrence after ERCP treatment.

**Methods** A total of 100 patients of biliary stenosis with endoscopic biliary stent implantation from February 2017 to March 2020 were enrolled in our study. Patients were divided into the recurrence group and recurrence group according to incision re-stenosing within one year after removing the stents. The influencing factors of postoperative recurrence were compared between the two groups.

**Results** Hilar biliary stricture, common bile duct incision + T-tube drainage, length of bile duct stenosis, and proximal dilation of biliary stricture were important high-risk factors for benign biliary stricture recurrence after endoscopic biliary stent placement ( $P < 0.05$ ).

**Conclusions** There are various factors that affect the recurrence of benign biliary stricture after ERCP treatment. It helped reduce the recurrence rate through risk factors intervention.

IDDF2020-ABS-0098

#### DELAYED NURSING OF TRANSANAL ENDOSCOPIC MICROSURGERY FOR RECTAL MALIGNANT TUMOR

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10.1136/gutjnl-2020-IDDF.78

**Background** To explore the effect of delayed nursing of transanal endoscopic microsurgery for rectal malignant tumor.

**Methods** Patients underwent transanal endoscopic microsurgery for rectal malignant tumor in our hospital from January 2017 to February 2019 were enrolled in this study, and randomly divided into observation group and control group. The control group was performed with usual care, while the observation group was performed with delayed nursing. Peri-operative

bleeding, postoperative anus exhausting time, hospital stays, the severity of fecal incontinence (Wexner Sores) and Xu Zhong Sores were analyzed and compared.

**Results** Postoperative anus exhausting time and hospital stays of observation group were shorter in the observation group than the control group, and peri-operative bleeding was also less in the observation group. The severity of fecal incontinence (Wexner Sores) and Xu Zhong Sores were both higher in the observation group.

**Conclusions** Delayed nursing was effective in transanal endoscopic microsurgery for rectal malignant tumor, for shortening postoperative anus exhausting time and hospital stays, and reduce peri-operative bleeding.

IDDF2020-ABS-0099

#### NURSING MANAGEMENT STRATEGY IN ENDOSCOPY CENTER DURING THE EPIDEMIC PERIOD OF COVID-19

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10.1136/gutjnl-2020-IDDF.79

**Background** To explore the nursing management strategy in the endoscopy center during the epidemic period of COVID-19.

**Methods** 2415 patients underwent endoscopy in our center from February 10th 2019 to March 27th 2019 were taken as control group, while 308 patients underwent endoscopy during February 10th 2020 to March 27th 2020 were taken as observation group. In our study, we reduced medical occupational exposure and avoid cross-infection during the epidemic period through reducing the number of patients, performing strict sterilization, isolation and preventive measures, implementing personnel training and assessment of both medical workers and patients, establishing emergency plans.

**Results** None of medical workers infected with COVID-19. Patients in the observation group were significantly decreased compared to the control group. The sterilization frequency of endoscopic machines, probes of blood oxygen monitor, examining beds and gastrointestinal endoscopes was increased markedly in the observation group. Preventive measures and the mastery of epidemiology were also significantly improved in the observation group.

**Conclusions** It is effective to prevent and control COVID-19 in endoscopy center during the epidemic period through reducing the number of patients, performing strict sterilization, isolation and preventive measures, implementing personnel training and assessment of both medical workers and patients, establishing emergency plans.

IDDF2020-ABS-0101

#### IMPACT OF OPTIMAL TIMING OF EARLY PRECUT SPHINCTEROTOMY ON THE RISK OF ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY RELATED ADVERSE EVENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS

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10.1136/gutjnl-2020-IDDF.80

**Background** Endoscopic retrograde cholangiopancreatography (ERCP) has become an invaluable procedure in the management of pancreaticobiliary disorders. Selective cannulation of the common bile duct (CBD) is a prerequisite for successful therapeutic ERCP; however, it may fail in 5–20% of cases even in experienced endoscopists. Precut sphincterotomy is a technique done to gain access to the CBD when standard methods have failed. Needle-knife precutting is the most widely used method and has been reported to improve cannulation success rates. Some studies have demonstrated high rates of complications associated with this technique; while recent data confirmed that the impact of precut sphincterotomy depends on timing.

**Methods** We conducted this meta-analysis to investigate whether early precut sphincterotomy is associated with increased risk of procedure-related adverse events (PRAE) compared with persistent cannulation. We also aim to determine the optimal timing of precut to prevent post-ERCP pancreatitis (PEP). A systematic search on four online databases was done. Studies were validated using the Cochrane risk-of-bias assessment tool and the Newcastle-Ottawa scale. Results were analyzed using the Cochrane Review Manager v5.3. The primary endpoints were the overall incidence of PEP and optimal time for precut sphincterotomy. Secondary outcomes were overall PRAE rate and success rate of biliary cannulation.

**Results** Nine RCTs and 1 cohort (1,571 of 14,017 screened patients) were included in this meta-analysis. Pooled incidence showed a statistically significant decreased rates of PEP with early precut sphincterotomy (4.3%) compared with persistent cannulation (7.5%) (RR 0.60; 95% CI 0.39–0.92). Using a random-effects model, test for heterogeneity showed an  $I^2 = 0\%$  and  $Chi^2 = 5.97$ . Subgroup analysis stratified based on the timing of precut showed that performing precut sphincterotomy at 5–10 minutes from initial cannulation has significantly lower rates of PEP (RR 0.50; 95% CI 0.26–0.94).

**Conclusions** This meta-analysis suggests that compared with persistent cannulation, early precut sphincterotomy was associated with a significantly decreased risk of developing PEP. In addition, subgroup analysis showed that performing precut after 5 minutes, but not exceeding 10 minutes after failed biliary cannulation, has the benefit of having 50% less risk of developing PEP (Figure 1)

IDDF2020-ABS-0102

## PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG): AN IMPORTANT ENTERAL FEEDING ROUTE

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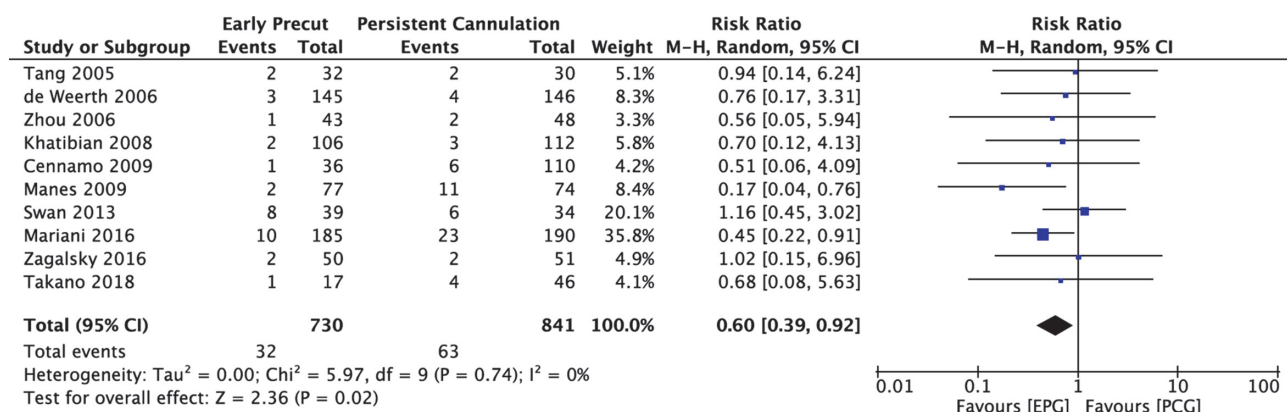
10.1136/gutjnl-2020-IDDF.81

**Background** The modern point of view on enteral nutrition has shifted towards an earlier individual consideration of additional supplementary feeding via Percutaneous Endoscopic Gastrostomy (PEG) tube when special nutritional support is required. Here we aim to assess the efficacy and safety of this technique.

**Methods** Appropriately selected patients requiring prolonged enteral feeding (>4 weeks), underwent PEG placement after overnight fasting, by pull technique using 24F tube under monitored anesthesia and sterile conditions. Prophylactic intravenous antibiotic was administered and antiplatelet/anticoagulant drugs were withheld prior to the procedure as per standard guidelines. Relatives were taught about feed preparation, administration technique, care of tube and gradual encouragement of oral feed with signs of recovery.

**Results** During the assessment period of 5 years, a total of 236 patients underwent PEG placement with a technical success rate of 100%. 193(82%) patients were men and the average age was 58 years. Neurological indications were the most common (75%) which included diffuse axonal injury and intracranial hemorrhage following road traffic accident, massive stroke, neurodegenerative disorders, bulbar palsy; followed by head & neck malignancies (10%), hypoxic ischemic injury (10%) in survivors of cardiac arrest and 5% included various medical conditions requiring nutritional support.

Most commonly reported complication was PEG site pain & infection 12(5%). Gastrostomy site leakage 3(1.2%), abdominal wall bleeding occurred in 5(2%) patients. Endoscopy & anesthesia related complications (desaturation, hypotension, transient arrhythmias, and aspiration) occurred in 5 (2%) patients. Delayed intra-abdominal bleeding and buried bumper syndrome were noted in 2(0.8%) patients each. Asymptomatic pneumoperitoneum was found in 28(12%) patients. All these were managed conservatively and none required tube removal.



Abstract IDDF2020-ABS-0101 Figure 1 Forest plot for the incidence of pep